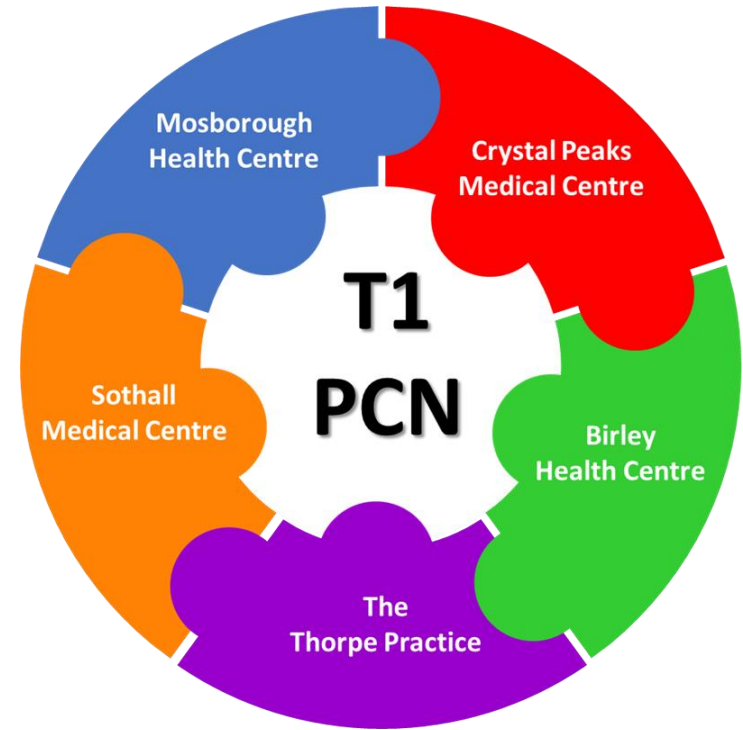


# FRAILTY SERVICE

Townships 1 Primary Care Network  
Sheffield



# EMBEDDING AN ARRS LED SERVICE IN PRIMARY CARE

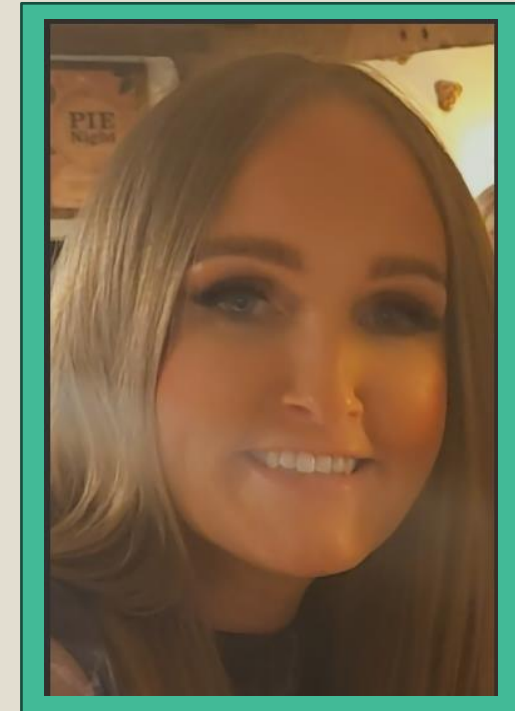
*A proactive approach to supporting older people living with frailty*



**Julia Clifford**  
Advanced Practice  
Occupational Therapist



**Dr Tom Holdsworth**  
Clinical Director

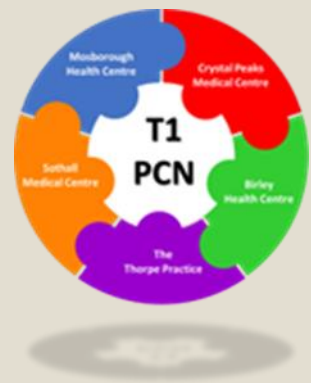


**Melanie Pickering**  
Care Coordinator and  
Communications Manager



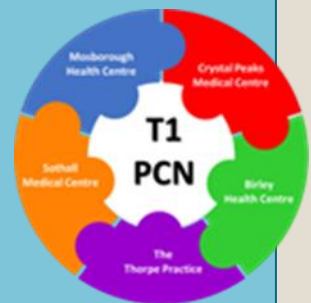
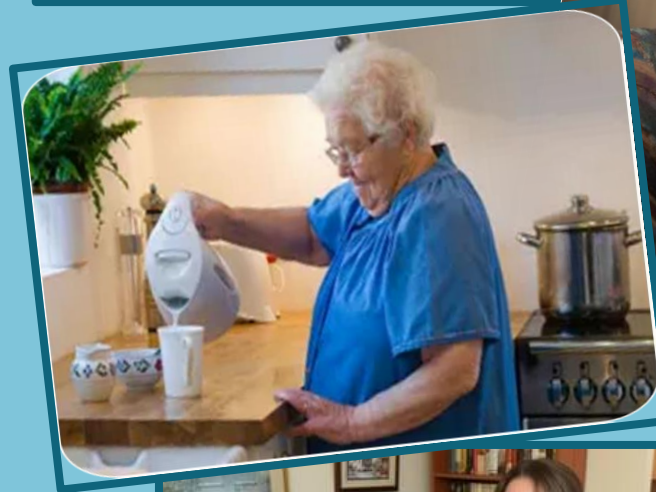
# Why a service focussing on older patients living with frailty?

- Higher than average older population
- Large number of frail, housebound patients with unmet need
- Relatively high level of Chronic Disease
- Evolution from transformation bid into PCN's and wider ARRS MDT



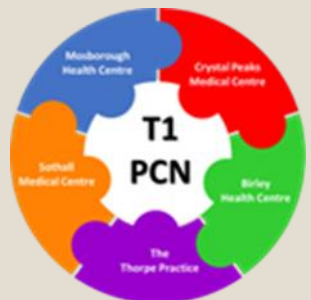
# Key Service Aims

- ❖ Improve the service for older adults living with moderate/severe frailty
- ❖ Support patients' overall occupational performance, safety and wellbeing
- ❖ Reduce unnecessary GP appointments and home visits
- ❖ Complement existing service provision



# What does the service offer?

**OT LED  
FRAILTY  
SERVICE**

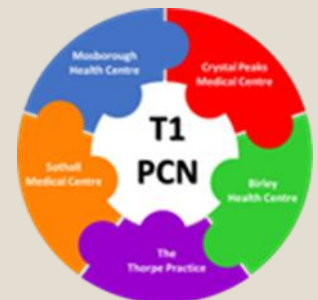


# What does the service offer?

**OT LED  
FRAILTY  
SERVICE**

## HOLISTIC

- Multi-dimensional assessment
- Diverse Interventions





# What does the service offer?

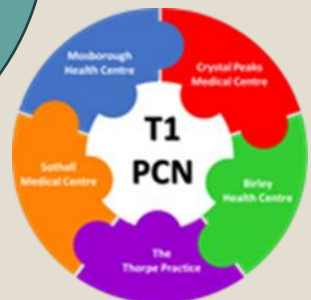
## OT LED FRAILTY SERVICE

### HOLISTIC

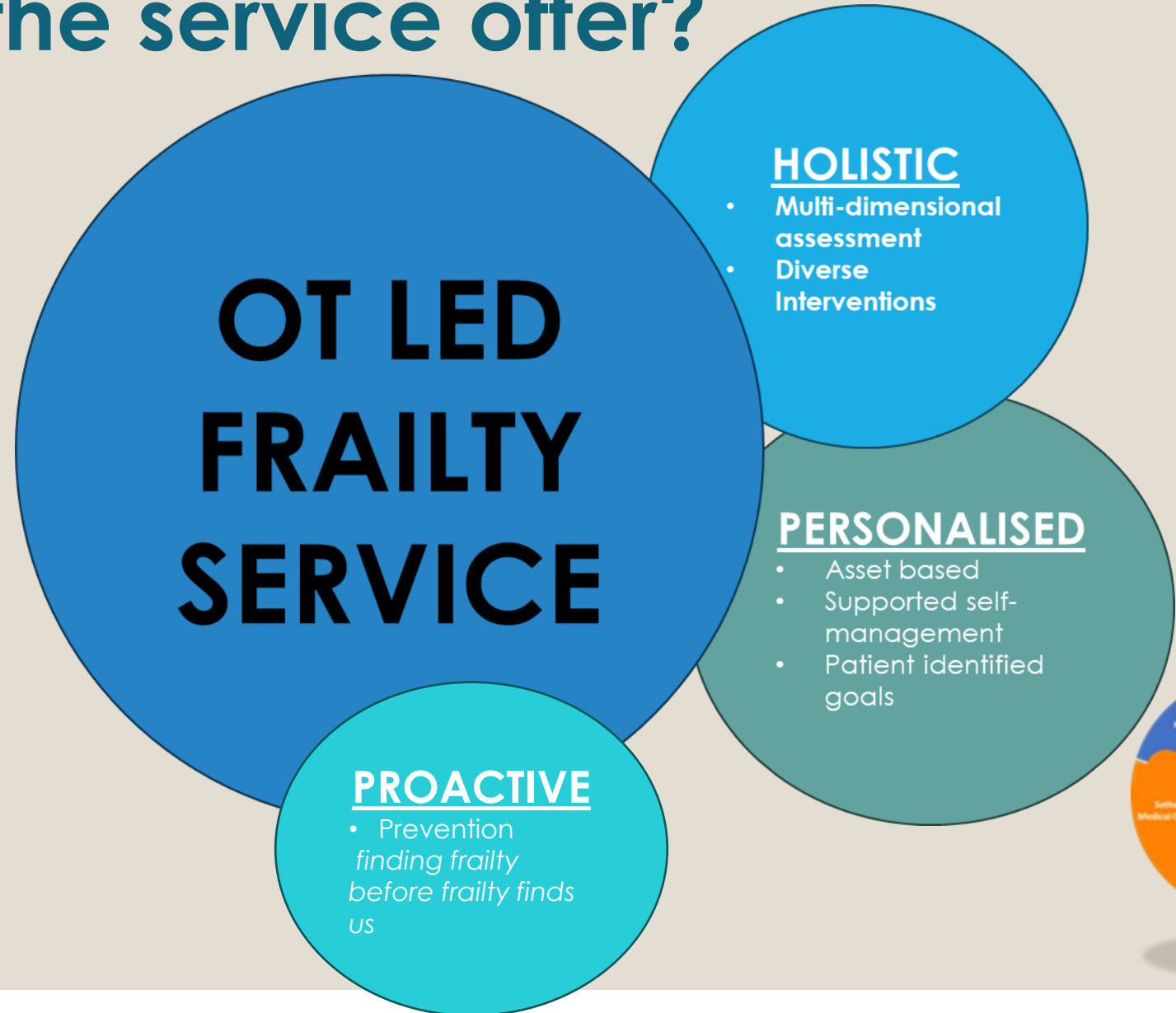
- Multi-dimensional assessment
- Diverse Interventions

### PERSONALISED

- Asset based
- Supported self-management
- Patient identified goals

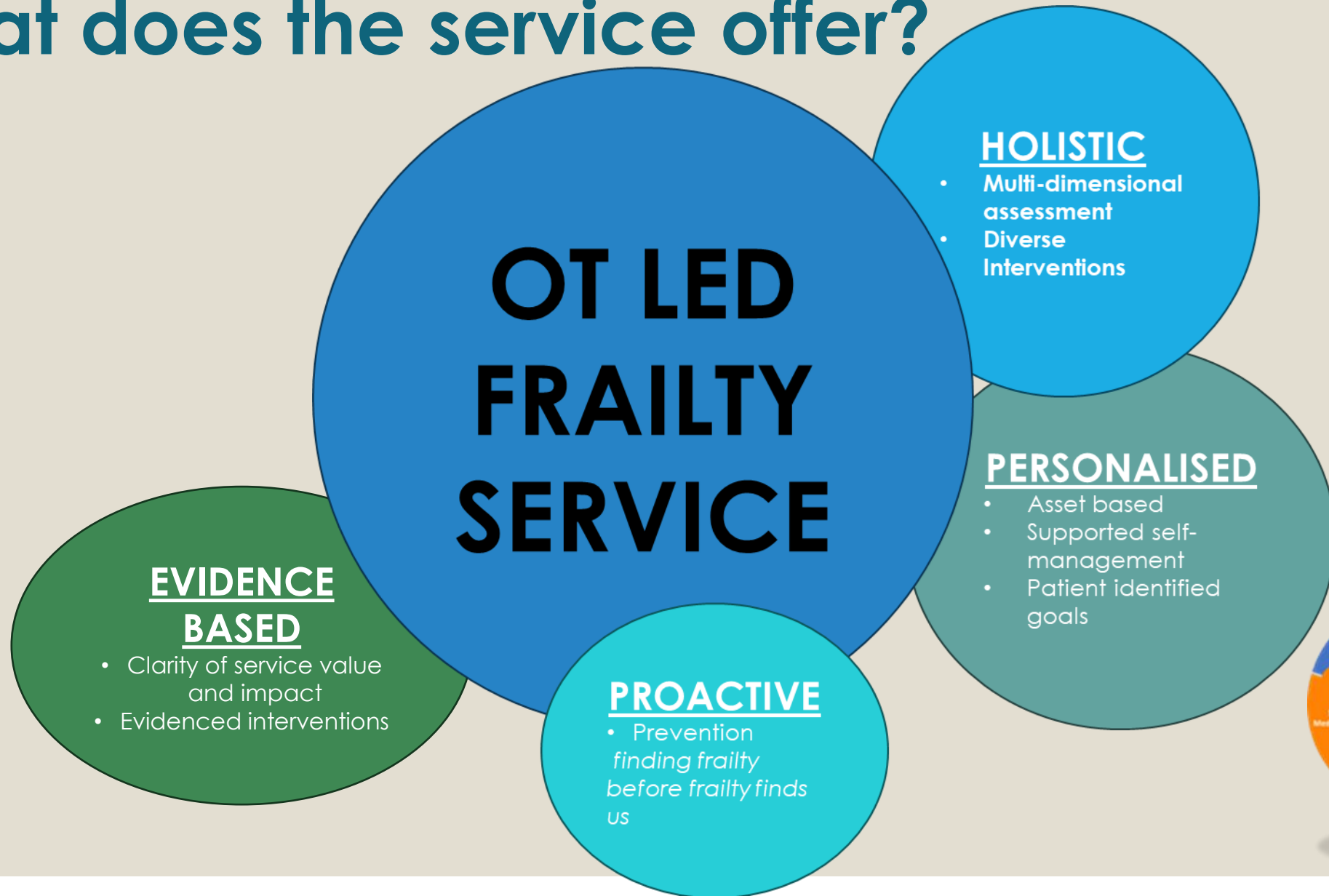


# What does the service offer?

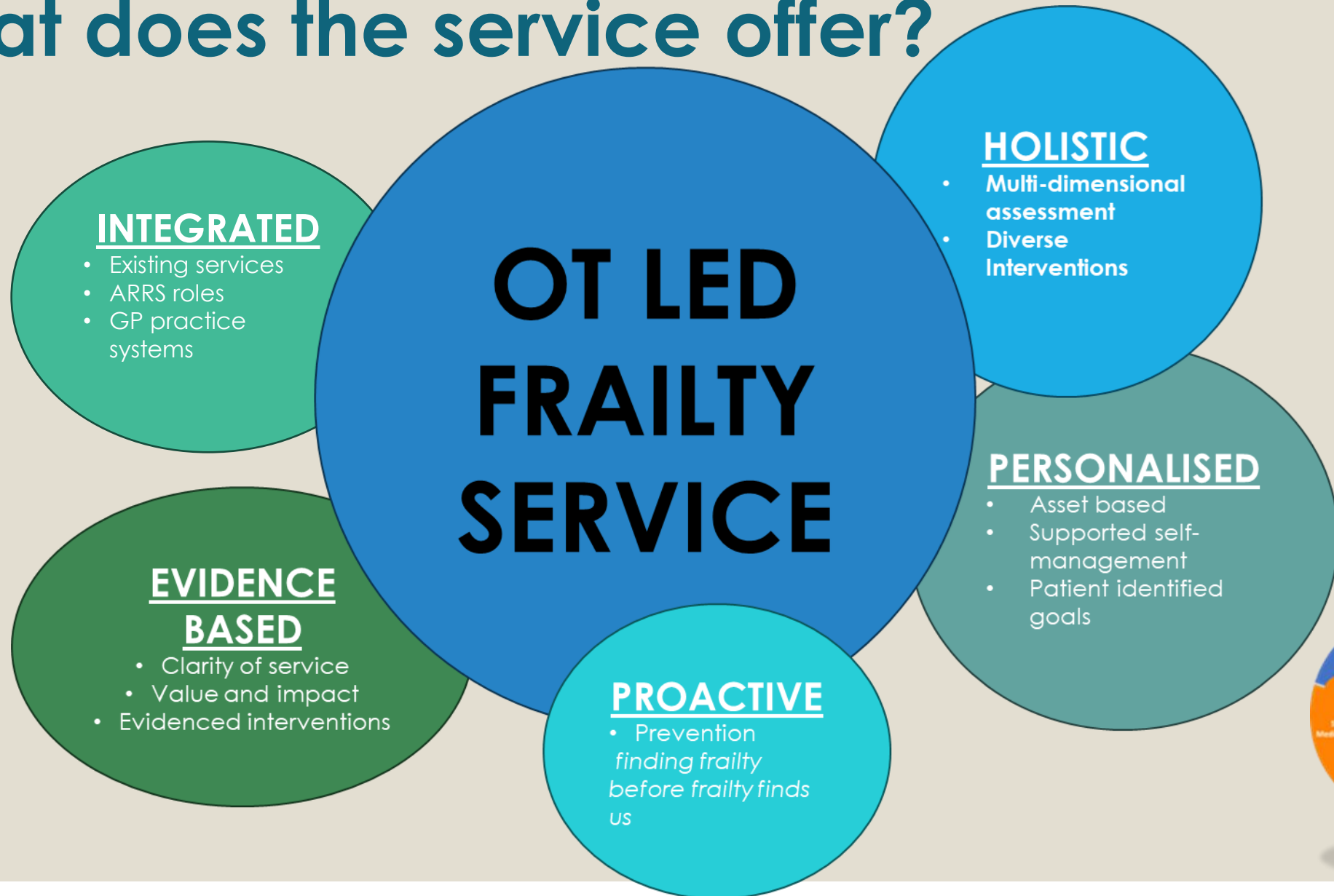




# What does the service offer?



# What does the service offer?



# How are Patients Referred?



## Outreach Telephone Reviews

- Screening by Care Coordinator
  - Targeted input

## Direct Referrals

- via Remote Booking on SystemOne or Task
- Referrals accepted from all GP practice staff and ARRS roles

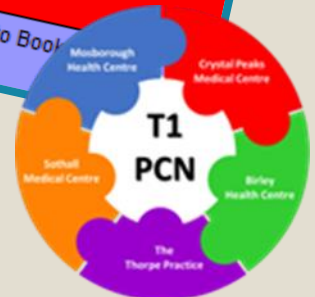
## GP Practice MDT Attendance

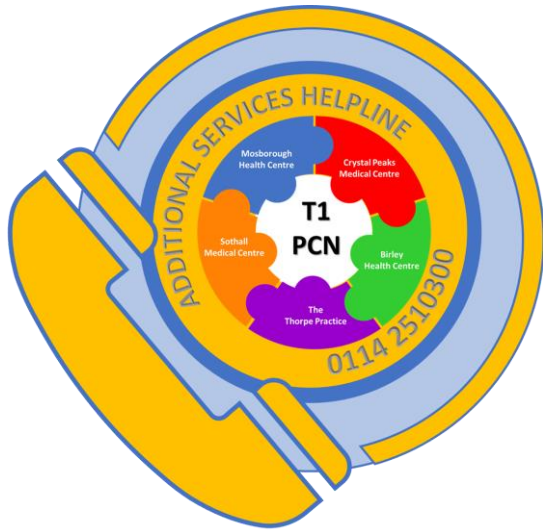
- Hospital avoidance
  - Palliative care
  - Safeguarding
- General concern



JClifford  
Wed 15 May

Referral to Occupational Therapy	
09:00 60m	Occupational Therapist
10:00 60m	Occupational Therapist
11:00 60m	Occupational Therapist
12:00 60m	Blocked
13:00 60m	Occupational Therapist to Book





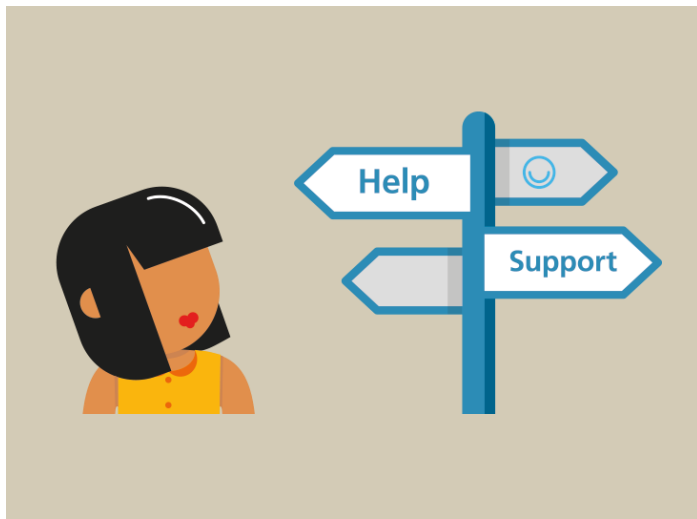
# Townships 1 PCN - Existing Structures that Support The Service

- MDT Meetings
- Additional Services Helpline
- T1 SPA Service

○ *Coming soon!....*

**Occupational Therapist Care Coordinator Support role!**

*- dedicated hours to support the Frailty Service*



T1 ADDITIONAL  
SERVICES HELPLINE



**OT LED  
FRAILTY  
SERVICE**

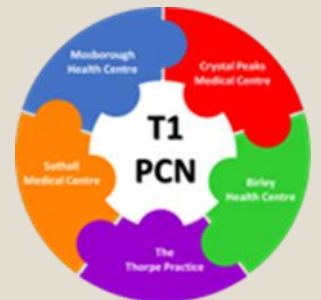
T1 MDT MEETING



T1 SPA

Help

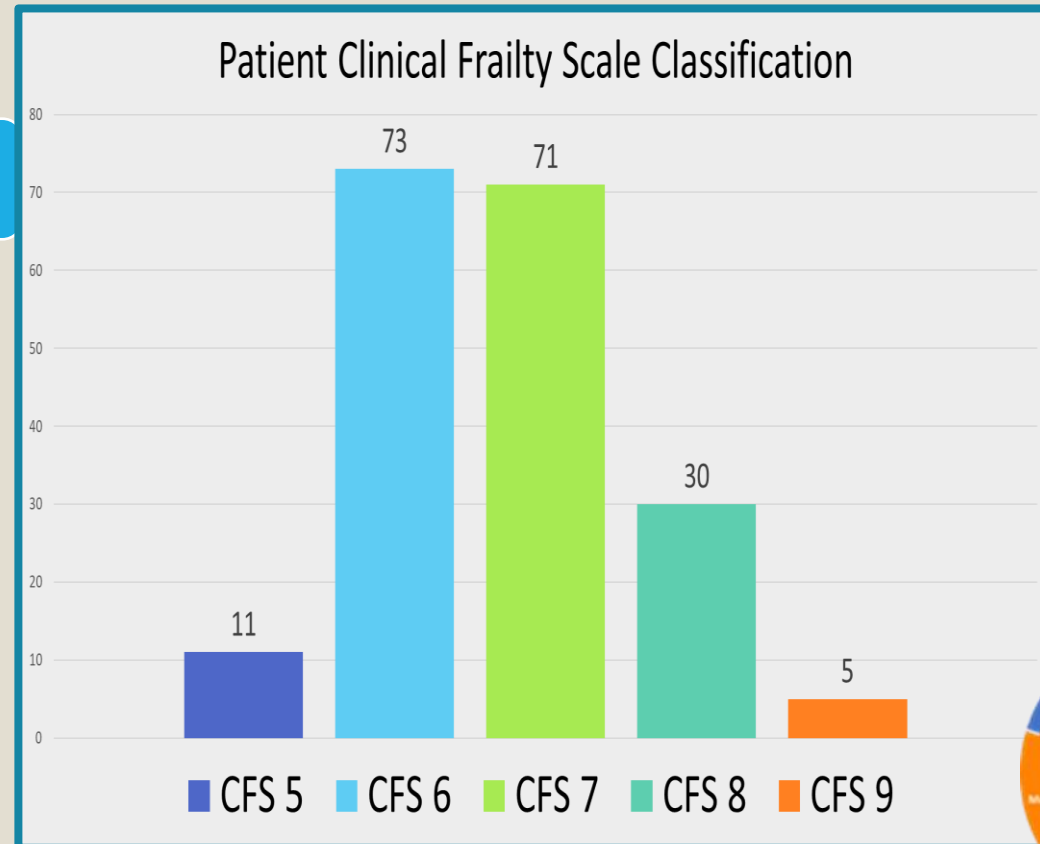
Support



# Patients supported by the frailty service

## Examples of patient referrals:

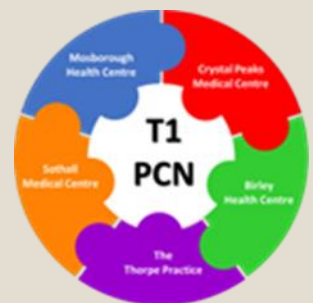
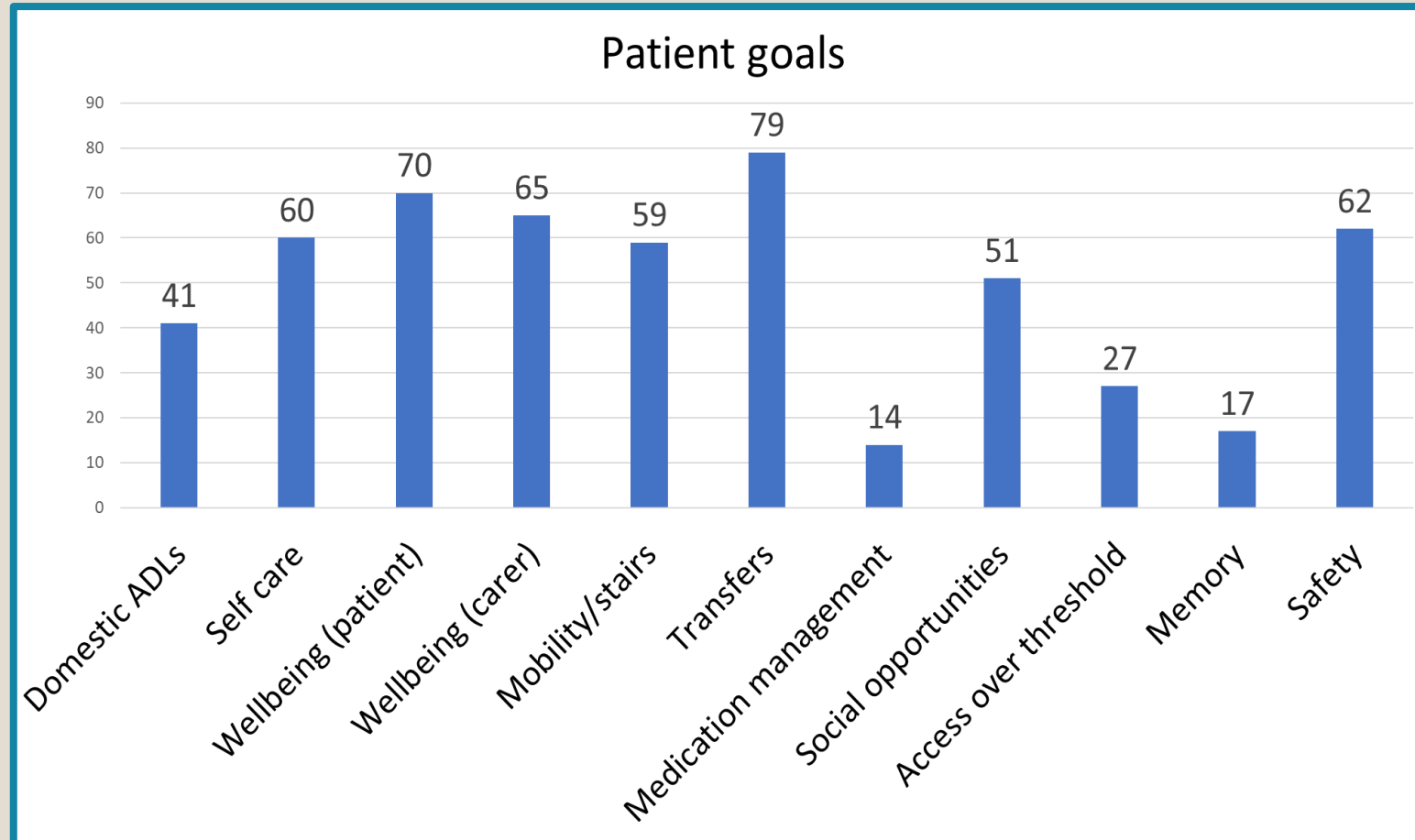
- **Not coping at home**
- Support with the **complexity** of issues faced
- **Safety** concerns e.g. falls prevention
- Concerns around **cognitive function**
- Functional issues with **ADLs**
- **Low mood** and **social isolation**
- **Family concerns** about the patient



Mild Moderate Severe Very severe EOL

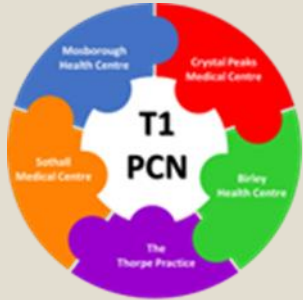
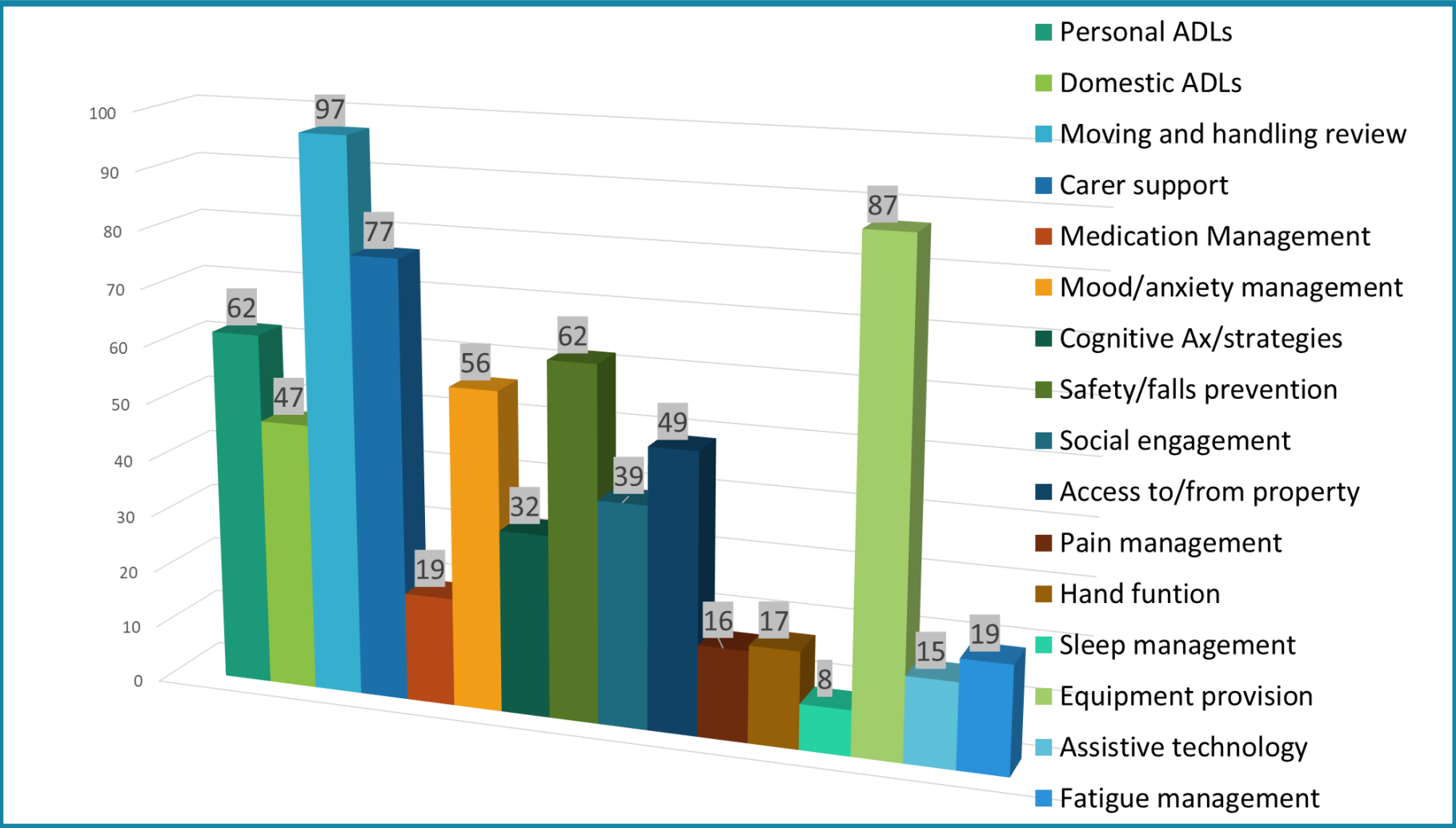


# Patient goals





# A snapshot of input



# What are the outcomes and successes?

## Patients' Views

- Accessibility
- Access to other services
  - 'joining up the dots'
- Support
- Therapeutic impact

*'It's very good having someone I know on our doorstep we can get help and advice from'*  
(patient's partner)

*'I've never had anyone ask if I need help, what's hard for me. I'm finding everything a bit much, thanks for being there'*  
(Patient)

*'It's given me confidence that I won't fall'* (patient)

*'I'm pleased with the way my doctor referred to (the OT) and the speed of the service'*  
(patient)

*'The staff know the 'ins and outs' of what's available, very knowledgeable'*  
(patient)

# What are the outcomes and successes?

**'Reviews patients holistically which often identifies needs that perhaps wouldn't have been discussed by other professionals'  
(Paramedic)**

**'Their strength is their flexibility'  
(GP)**

**'It is really accessible especially when you don't have time to complete a lengthy referral form'  
(GP)**

**'I feel that this has saved GP time, paperwork and worry, as well as enhancing patient experience'  
(GP)**

## **Staff views**

- Accessibility/speed of assessment**
- Time saving**
- Improved efficiency**
- Thorough patient assessment**
- Flexibility and scope of interventions**

# Top Tips!

- ✓ **Understand** your population and any unmet need  
– how can ARRS staff help?
- ✓ **Develop** clear aims for the service
- ✓ **Establish** systems to support the service, patients, staff and the MDT
- ✓ **It takes time to build the service-Be in it for the long game!**



**THANKS FOR LISTENING**

# Follow up session- come and join us!

Overcoming challenges when setting up  
an ARRS led service

Exploring ways to work with patients'  
unmet needs in your PCN

Opportunity for Q and A

